
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Melinda Maldonado Roman

Write the full name of each plaintiff.

21 CV 6162 (JMF)

(Include case number if one has been assigned)

-against-

New York City Department of Education; Carmen

Do you want a jury trial?

☒ Yes ☐ No

Toledo, former Principal; Dionne Belderer,

Assistant Principal; Raquel Pevey, Principal; Christy Curran

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

AMENDED

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Melinda		Maldonado Roman
First Name	Middle Initial	Last Name
12 Henderson Drive		
Street Address		
Orange, Circleville	NY	10919
County, City	State	Zip Code
8456739898	melindaroman3@gmail.com	
Telephone Number	Email Address (if available)	

B. Defendant Information - see attached addendum for additional defendant

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	New York City Department of Education		
	Name		
	52 Chambers Street		
	Address where defendant may be served		
	New York, New York	NY	10007
	County, City	State	Zip Code
Defendant 2:	Carmen Toledo, former Principal		
	Name		
	PS 25X, 811 E 149th St, Bronx, NY 10455		
	Address where defendant may be served		
	Bronx, Bronx	NY	10455
	County, City	State	Zip Code

Defendant 3:

Dionne Balderas, Assistant Principal

Name

PS 25X, 811 E 149th St, Bronx, NY 10455

Address where defendant may be served

Bronx, BronxNY10455

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

PS 25X

Name

811 E 149th St, Bronx, NY 10455

Address

Bronx, BronxNY10455

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☐ national origin: _____

B. Defendant Information - Continued

Defendant 4: **Raquel Pevey, Principal**

Name

PS 25X, 811 E 149th St

Address where defendant may be served

Bronx, Bronx NY 10455

County, City State Zip Code

Defendant 5: **Christy Curran, Consultant**

Name

PS 25X, 811 E 149th St

Address where defendant may be served

Bronx, Bronx NY 10455

County, City State Zip Code

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1969

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: hip dysplasia

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: hip dysplasia

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☒ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See attached addendum.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 7/14/20

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 4/20/21

When did you receive the Notice? 4/20/21

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☒ direct the defendant to reasonably accommodate my disability

☐ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

emotional distress damages

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>12/21/21</u>		<u>s/Melinda Maldonado Roman</u>	
Dated		Plaintiff's Signature	
<u>Melinda</u>		<u>Maldonado Roman</u>	
First Name	Middle Initial	Last Name	
<u>12 Henderson Drive</u>			
Street Address			
<u>Orange, Circleville</u>	<u>NY</u>	<u>10919</u>	
County, City	State	Zip Code	
<u>8456739898</u>	<u>melindaroman3@gmail.com</u>		
Telephone Number	Email Address (if available)		

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

**ADDENDUM TO AMENDED FEDERAL COMPLAINT FOR MELINDA MALDONADO ROMAN
@12/21/21**

1. I have been employed as a common branches teacher since September 1998 with the New York City Department of Education.
2. I only have received "Satisfactory" and/or "Effective" Annual Professional Performance Reviews through the 2016-17 school year.
3. I filed a previous New York State Division of Human Rights complaint and federal lawsuit against the NYCDOE and my former principal Carmen Toledo at PS 25X in the Bronx based on disability discrimination and retaliation. The federal lawsuit was settled in December 2019.
4. I always worked at PS 25X in District 7, until my reassignment for the 2019-20 school year to PS 1, after which the District Superintendent Alvarez told me I would return to PS 25X for the 2020-21 school year.
5. On May 18, 2020, I was denied a line of duty (LODI) leave for an injury suffered at school in November 2019, because Principal Toledo had not timely signed off on the necessary documentation to process my LODI leave, which caused an unnecessary delay in my leave approval which affected my CAR balance and paycheck. Despite filing a notice of claim about the injury related to the DOE's negligence about causing me to fall due to a wet floor at the school, the DOE has failed to adjust that claim. The injury has left me partially disabled. I have a DOE medical reasonable accommodation not able to walk up more than 13 steps or one flight at a time since 2017.
6. On June 12, 2020, Principal Toledo refused to put me on the school's organization sheet for the 2020-21 school year. I was the only classroom teacher not given an assignment on the organization sheet, and on June 15, 2020, I filed a grievance about my not being placed on the school preference sheet for the 2020-21 school year.
7. On June 19, 2020, Principal Toledo relented and stated she would give me a second grade classroom, but insisted I take a second floor classroom at the school, thereby revoking and interfering with my reasonable accommodations for a first floor classroom. However, this ultimately became moot when I was given a remote teaching accommodation for the 2020-21 school year due to COVID-19 concerns.
8. On June 5, 2020, I also applied for summer school at every eligible school in NYC and received no response, and was denied any summer school work for the summer of 2020.
9. I was returned to PS 25X as a remotely assigned teacher with medical accommodations related to COVID-19 in the 2020-21 school year.

10. In the early fall of 2020, Principal Toledo retired, but an Assistant Principal under Principal Toledo, Dionne Belderes, gave me a poor teaching observation on March 16, 2021, which was rated developing overall as many categories were not rated. I filed an APPR grievance about the observation, and the newly appointed principal Raquel Pevey had to adjust the observation and change it to effective.
11. In June 2021, I learned that I was again being denied a first floor classroom for the upcoming 2021-22 school year, as Principal Pevey was assigning me to a 2nd floor classroom despite my reasonable accommodation for a first floor classroom. She eventually had to change it to a first floor classroom when I returned to PS 25X in September 2021.
12. Principal Pevey has denied me access to professional development opportunities on several occasions by holding activities on upper floors so that I cannot attend due to my disability and need for a reasonable accommodation.
13. On September 9, 2021, Principal Pevey and consultant Christy Curran excluded me from professional development opportunities held in the auditorium upper lounge on the 3rd floor because I could not walk the stairs to get to the third floor in violation of my reasonable accommodations.
14. On October 22, 2021, Principal Pevey and Ms. Curran excluded me from a small group modeling professional development held on the 2nd floor which I could not attend due to my disability.
15. On November 1, 2021, Principal Pevey and Ms. Curran excluded me from small group modeling professional development held on the 2nd floor which I could not attend due to my disability.
16. On November 18, 2021, I was excluded from a classroom intervisitation held on the 2nd floor which I could not attend in violation of my reasonable accommodations by Principal Pevey. Additionally, Principal Pevey did not make any arrangements to inform me of the contents of the classroom intervisitation.
17. Principal Pevey has not offered any ICT (integrated co-teaching classroom structure) Professional Development to me this school year despite me teaching in an ICT classroom.
18. On November 24, 2021, Principal Pevey observed just before the Thanksgiving holiday and gave me a poorly rated observation on November 30, 2021.

19. On December 2, 2021, I filed a complaint against Principal Pevey with the NYCDOE Office of Equal Employment Opportunity (OEO), alleging disability discrimination for interfering with my accommodations and excluding me from professional development.
20. On December 7, 2021, I received notice of a disciplinary meeting, in retaliation after filing OEO complaints against Principal Pevey on December 2, 2021.
21. Also, electronic devices (ipads) were taken from my students in my classroom on December 9, 2021, at Principal Pevey's direction, in order to be allegedly updated. The devices were eventually returned but never updated.
22. On December 14, 2021, Principal Pevey delivered to me an unfair disciplinary letter to file dated December 13, 2021, threatening termination of my employment for emailing administration during instructional time about a scheduling change and removal of the ipads from my classroom.
23. On December 21, 2021, I found out that Principal Toledo had not signed proper documentation regarding my LODI leave that caused me improper payroll deductions that are now being offered to be restored.
24. I believe I continue to be discriminated against and retaliated against with poor observations and disciplinary letters and repeatedly having my reasonable medical accommodations denied by being denied access to professional development training on the first floor.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Melinda M. Maldonado Roman**
12 Henderson Drive
Circleville, NY 10919

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2020-03311

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

Charging Party wishes to pursue matter in Federal District Court.

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



April 20, 2021

Enclosures(s)

Judy A. Keenan,
District Director

(Date Issued)

cc: **CITY OF NEW YORK, DEPARTMENT OF EDU**
Office of the General Counsel
52 Chambers Street, Room 308
New York, NY 10007

Bryan D. Glass, Esq.
Glass Harlow & Hogrogian, LLP

New York State Division of Human Rights Employment Complaint Form

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:			
First Name <u>Melinda Maldonado</u>		Middle Initial/Name <u>May</u>	
Last Name <u>Roman</u>			
Street Address/ PO Box <u>12 Henderson Drive</u>		Apt or Floor #:	
City <u>Circleville</u>		State <u>NY</u>	Zip Code <u>10919</u>
If you are filing on behalf of another, provide the name of that person:		Date of birth:	Relationship:
2. Regulated Areas: Check the area where the discrimination occurred: (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)			
<input checked="" type="checkbox"/> Employment (including paid internship)		<input type="checkbox"/> by a Labor Organization	
<input type="checkbox"/> Internship (unpaid)		<input type="checkbox"/> Apprentice Training	
<input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)		<input type="checkbox"/> by a Temp or Employment Agency	
<input type="checkbox"/> Volunteer Position		<input type="checkbox"/> Licensing	
3. You are filing a complaint against:			
Employer, Worksite, Agency or Union Name <u>NYC Department of Education/PS 25</u>			
Street Address/ PO Box <u>Tweed Courthouse,</u>			
City <u>New York</u>		State <u>NY</u>	Zip Code <u>10007</u>
Telephone Number: <u>7189354000</u>			
In what county or borough did the violation take place? <u>Bronx</u>			
Individual people who discriminated against you:			
Name: <u>Carmen Toledo</u>		Title: <u>Principal</u>	
Name: <u>Yliucha Jaquez, Dionne Belderes</u>		Title: <u>Assistant Principals</u>	
If you need more space, please list them on a separate piece of paper.			
4. Date of alleged discrimination (must be within one year of filing):			
The most recent act of discrimination happened on: <u>6</u> <u>19</u> <u>2020</u> month day year			
5. For employment and internships, how many employees does this company have?			
<input type="checkbox"/> 1-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know			

6. Are you currently working for this company?	
<input checked="" type="checkbox"/> Yes. Date of hire: <u>9</u> <u>8</u> <u>1998</u> <div style="text-align: center;">month day year</div>	What is your position? classroom teacher (preK-6)
<input type="checkbox"/> No. Last day of work: _____ _____ _____ <div style="text-align: center;">month day year</div>	What was your position?
<input type="checkbox"/> I was never hired. Date of application: _____ _____ _____ <div style="text-align: center;">month day year</div>	What position did you apply for?

7. Basis of alleged discrimination:	
Check ONLY the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.	
<input checked="" type="checkbox"/> Age: Date of Birth: <u>5/17/1969</u>	<input type="checkbox"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input checked="" type="checkbox"/> Disability: Please specify: <u>hip dysplasia,</u>	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog	
If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:	
<input checked="" type="checkbox"/> Retaliation: How did you oppose discrimination: <u>previous SDHR or fed lawsuit</u>	
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.	
<input type="checkbox"/> Relationship or association	

8. Acts of alleged discrimination: <i>What did the person/company you are complaining against do? Check all that apply</i>			
<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input checked="" type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input checked="" type="checkbox"/> Other: not given preference, accommodation, summer schol

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

1. I have been a common branches teacher since September 1998 within the NYCDOE.
2. I have disability accommodations based on hip displasia and disk bulge which requires reasonable accommodations for my injuries for the past 3 years.
3. I had filed a previous SDHR complaint and federal lawsuit against the DOE based on disability discrimination and retaliation. The federal lawsuit settled in December 2019.
4. I have always worked at PS 25 in District 7, until my reassignment for the 2019-20 school year, at PS 1, after which the Superintendent told me I would return to PS 25 for the 2020-21 school year.
5. On May 18, 2020, I was denied LODI line of duty leave for an injury suffered at school in November 2019, because Principal Toledo had not timely signed off on the necessary documentation to process the leave, which has caused an unnecessary delay in my leave approval which has affected my CAR balance and paycheck.
6. On June 12, 2020, administration refused to put me on the school's organization sheet for the 2020-21 school year. I was the only classroom teacher not given an assignment on the organization sheet.
7. On June 15, 2020, I filed a union grievance about my not being placed on the school preference sheet.
8. On June 19, 2020, administration relented and stated they would give me a second grade classroom, but insisted I take a second floor classroom, thereby revoking my reasonable accommodations.
9. On June 5, 2020, I also applied for summer school at every eligible school in NYC and received no response.

*If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.***

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

Subscribed and sworn before me
This 15 day of July, 2020



Signature of Notary Public

County: Rockland

Commission expires: 1/22/22

BRYAN GLASS
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02616063973
QUALIFIED IN NEW YORK COUNTY Rockland
COMMISSION EXPIRES 1/22/22

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

Additional Information

This page is for the Division's records and will remain confidential and will not be sent to the company or person(s) whom you are filing against.

1. Contact Information

My primary telephone number:
845 609 7091

My secondary telephone number:
845 673 9898

My email address:
melindaroman3@gmail.com

Date of birth:
May 17, 1969

Contact person: (Someone who does not live with you but will know how to contact you if the Division cannot reach you)

Name: Minerva Torres Maldonado

Telephone number: 917 273 2017

Address: 1805 Tomlinson Avenue

Email address: _____

Relationship to me: mother

2. Special Needs

I am in need of:

- ☐ Interpretation (if so what language?): _____
- ☒ Accommodations for a disability: climbing stairs/no walking long distances
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: 1 flight minimum stair climb

3. Settlement / Conciliation

To settle this complaint, I would accept: (Explain what you want to happen as a result of this complaint. Do you want a letter of apology, job offer, return to the job, an end to the harassment, compensation, etc.?)

Lost wages for summer pay, end of harassment, reasonable accommodation to first floor classroom, emotional distress damages

4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation)

The following people saw or heard the discrimination and can act as witnesses:

Name: _____

Title: _____

Telephone Number: _____

Relationship to me: _____

What did this person witness?

Name: _____

Title: _____

Telephone Number: _____

Relationship to me: _____

What did this person witness?

Additional Information, Page Two

5. Did you report or complain about the discrimination to someone else? ☐ Yes ☐ No

If yes, how exactly did you complain about the discrimination? (To whom did you complain?)

Date you reported or complained about discrimination:

month

day

year

What happened after you complained?

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.